Outcomes and Performance Measurement: Policy, Principles and Operational Guidelines



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Purpose of this Document

> The purposes of this document are to state the Department's policy on Outcomes and Performance Measurement, and to provide a clear, consistent framework for developing and using Performance Measures.

Policy

- >As a part of responsible management of the public mental health system and leadership in the mental health field in Missouri, it is the policy of the Missouri Department of Mental Health:
- > To routinely measure the performance of Department operations, including the provision of services and supports for consumers
- > To rely on quantified measurement as the foundation for decision-making and system improvements
- > And, through leadership in Performance Measurement, to bolster the effort of providers and contractors to measure their performance and to use Performance Measurement for the purpose of quality improvement.

Intention of Performance Measurement

- >Performance Measurement ensures that the Department of Mental Health is accountable to its mission based on quantified and systematic information derived from measurement of operations.
- >Performance Measurement is the foundation of effective management and quality improvement efforts.
- > The Missouri Department of Mental Health will continue to incorporate Performance Measurement into its operational infrastructure in order to raise the accountability of the overall care and care-delivery system and to make quality improvement of the system possible.
- > The Department will integrate Performance Measurement in all key, priority and strategic operations.

Discussion

Dover the past several years the public system of service provision operated and contracted by the Missouri Department of Mental Health has come under increasing pressure to show accountability in daily operations. In addition, there has been a broad interest in improving the quality of the system of services and supports. As a result, the Department has begun an initiative to build a system of outcomes and performance measurement. The DMH Outcomes Template established consensus on areas of interest for Client Outcomes.¹ The Department currently collects data for several key Performance Measures, such as outcomes data (for some populations) and satisfaction data (for all populations). This effort makes use of resources in many areas of the Department, including OIS, OQM, Administration and the service Divisions. It is the overall responsibility of the Department to support Performance Measurement through infrastructure and resources. Efforts are coordinated department-wide by the Outcomes Coordinator for logical consistency, efficiency in capacity and stakeholder buy-in.

Performance Measurement is necessary to achieve accountability for the many people who receive services, their family members and the Missouri public. Performance Measurement establishes a quantified understanding of the system. However, Performance Measurement alone does not guarantee that the system will improve. Performance Measurement is necessary to quality improvement and must be accomplished before true quality improvement can be undertaken. Performance Measurement provides an accurate overall picture of operations while avoiding the weaknesses associated with single-example anecdotes that are often used to asses the quality of the service system. Without quantified measurement of system operations we are left with only general impressions and personal opinion to drive policy decisions. Performance Measurement is used to identify improvement opportunities in the service system and to validate the impact of system changes. Performance Measurement is an integral part of sound management and policy decisions that ultimately lead to better outcomes for the people who receive DMH services.

¹ <u>Missouri Department of Mental Health Outcomes Work Group, October 17, 1997. See attached document: Missouri DMH Outcomes Template.</u>

Principles and Operational Guidelines

>Performance Measurement is used to assess the quality of operations and services, including the identification of opportunities for improvement and the identification and correction of risks and problem areas.

- Performance Measurement is used to support quality improvement at all system levels, including providing direction to system improvement and refinement, and the validation of the progress of improvement efforts.
- Department leaders are actively involved in Performance Measurement through visible and routine use of Performance Measurement Reports and data to make decisions, and through participation in the development of performance measures, the associated data collection processes, operational analysis and the development of performance standards.
- ➤ Consumer satisfaction is a key Performance Measurement for all services, although it is not considered to be a clinical outcome².
- > Consumers, family members, providers and other stakeholders are involved in the development of performance measures, the associated data collection processes, operational analysis and the development of performance standards whenever the specific measure is directly related to services offered to the citizens of Missouri.

>Planning for Performance Measurement

- > Measurement of a few operationally and strategically important indicators is more likely to result in improvement in the quality of operations than the collection of many indicators.
- > The intended use of Performance Measurement information must be considered when choosing measures.
- >Performance Measurement is logically connected to the goals of programs, services and operations.
- >Performance Measurement is used to develop baseline performance levels and standards of expected performance, and to drive system changes.

² See attached document: <u>DMH Outcomes Template</u>.

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> Data Collection and Integrity

- > Data is collected through efficient processes.
- > Data collection is part of routine operational processes and, therefore, is not designed for the purpose of meeting theoretical research standards.
- > Data is collected with the highest degree of data integrity possible.
- > Data collection includes processes for improvement of data integrity.

> Technology

- > Technology is critical to efficient collection of data and to timely report distribution.
- >Historically, health care information systems have been used to move money and to account for that money.
- > The new accountability requires new information systems for the collection and reporting of Performance Measurement³.

> Reports

- >Reports include versions that are issued for a non-technical audience in a simplified, user-friendly format that maximizes the informational nature of the material.
- > Reports include comparative norms, averages and rates.
- > Reports include operational analysis of data⁴.
- >Reports are released to the public, including reports specific to providers and contractors.
- >Public release of reports is conducted for the primary purpose of providing information about the performance and quality of services, and to facilitate the participation of consumers, family members and other stakeholders in quality improvement activities.

³ See attached document: DMH Outcomes Web Development Plan.

⁴ See Terminology and Definitions.

- >Public reporting does not include any person-specific data, such as confidential material or identifying material.
- >Public reporting is coordinated through the office of the Outcomes Coordinator.
- >Providers and contractors have the opportunity to correct factual errors in reports.

>Usefulness of Data

- >Data is collected to produce useful reports.
- >People collecting data do so in order to gain useful information.
- >If useful information is not created, data integrity will not be achieved because the integrity of entered and provided data is primarily dependent on the motivation of those providing the data. People have an interest in data only when they benefit from it.
- > Data is collected only for the purposes of accountability and quality improvement.

>Strategic Planning and Budgeting

- >Performance Measurement is used to tie strategic issues to operations.
- >Performance Measurement data is used to inform the budgetary and strategic planning processes of the Department, to measure efforts to address strategic issues, to set specific goals and objectives, and to determine if the system has been improved.
- > Budgetary and strategic planning efforts must be quantified through accurate and valid Performance Measurement.

>Performance Expectations

- >Contracts and Rules will include requirements for Performance Measurement and standards for expected performance levels.
- Requirements are informed by the analysis of Performance Measurement data and are modified based on periodic review of that data.

>Performance Measurement and Research

- > The Department of Mental Health uses routine Performance Measurement to inform the Department's traditional research activities.
- >Through experience with Performance Measurement the Department is able to make informed choices about more abstracted human service research and is able to tailor research projects to answer pragmatic, service-based questions that cannot be answered through Performance Measurement.

Current Operations

- The Department continues to incorporate the collection of Performance Measurement data into operations, to improve the integrity of data, to issue and distribute informative reports, and refine all aspects of Performance Measurement.
- >The DMH Executive Team has distributed contract amendments to ADA and CPS contract providers. This amendment specifies performance standards for consumer satisfaction and other areas of performance.
- The Outcomes Coordinator coordinates implementation of Strategic Performance Measures in the Strategic Plan and assists in formation of the Strategic Plan. A web application that will run on DMH On-Line is being developed to provide structure to the work of implementing the Strategic Performance Measures and will provide a mechanism for tracking progress and reporting progress to the DMH Executive Team⁵.
- ➤ People receiving services from the Division of Alcohol and Drug Abuse, the Division of Comprehensive Psychiatric Services and the Division of Mental Retardation and Developmental Disabilities complete the annual Satisfaction Survey. Family members of consumers also complete the survey. Through this survey, people rate services and service providers. Individual agencies (state-operated facilities and CPS and ADA contract providers) receive agency reports that compare agency performance with state averages. Reports are available to the public through the DMH web site. The Department also gives a limited number of Awards for Best Performance in Consumer Satisfaction. Survey results are used in the Department budget and strategic plan.
- The Division of Alcohol and Drug Abuse (ADA) is in the process of implementing the Outcomes Assessment and Services Improvement System (OASIS). OASIS is based on the Addiction Severity Index (ASI), the key part of the Individual Standardized Assessment Protocol (ISAP) used by the Division. ISAP and OASIS include a series of assessment and outcomes reports⁶. OASIS will be the first field-tested component of the Outcomes Web⁷. Field-testing is

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⁵ For a sample of the type of information collected, see attached document: <u>Example FY2001 Strategic Measures Work Plan</u>

⁶ See attached document: <u>ADA OASIS Sample Reports</u> (Client Change, Psychiatric Symptoms) and Sample ISAP reports (ASI and DSM-IV). Reports are not based on real data.

⁷ The <u>DMH Outcomes Web</u> uses a Virtual Private Network (VPN) to efficiently collect Performance Measurement data and to distribute Performance Measurement reports. The DMH Outcomes Web will dramatically improve data integrity, allow for a Outcomes and Performance Measurement: Policy, Principles and Operational Guidelines

planned for 2001. The Missouri Institute of Mental Health (MIMH) has been awarded a grant to participate in the Center for Substance Abuse Treatment's (CSAT) TOPPS II program. The Treatment Outcomes and Performance Pilot Study Enhancement⁸, or TOPPS II, is designed to collect outcomes data for people who have completed treatment at an ADA-funded provider. This project should yield important information on post-treatment outcomes that will enhance OASIS. ADA is also designing a series of Performance Measurement reports. Reports are being developed to look at areas such as average length of stay by service type and average costs.

>Outcomes are routinely collected for services provided for people with serious mental illness and children and adolescents with serious emotional disturbance served by the Division of Comprehensive Psychiatric Services (CPS). Data is reported to providers and includes state averages for the purpose of comparison with agency outcomes. Data for people with serious mental illness is also reported with a Composite Indicator⁹. The Composite Indicator is one of the Department's Key Measures¹⁰ and is used with the Show Me Results¹¹, Reducing the Impact of Chronic Disease. CPS has also been involved in a federally grant-funded project. Money for this project has assisted CPS in producing prototype Performance Measurement indicators that are comparable with data from other states, including Penetration and Utilization Data¹². The State Indicator Pilot Grant is funded by the Mental Health Statistics Improvement Program, part of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration. CPS is in the early stages of planning for the use of the Outcomes Web in collecting data and distributing reports.

>The Division of Mental Retardation and Developmental Disabilities (MRDD) has developed draft outcomes instruments for Missouri's Consumer and Family Directed Supports¹³. The MRDD project is unique in that it measures family outcomes as well as outcomes for the individual consumer receiving services. Field-testing has occurred¹⁴ and full implementation is being planned for 2001. MRDD is planning to use the Outcomes Web to collect data and distribute reports.

connection to existing administrative data, such as service utilization, and reduce the burden of data collection for providers. See attached document: DMH Outcomes Web Development Plan.

⁸ See the following web site for additional information: http://www.samhsa.gov/centers/csat/csat.html

⁹ See attached document: <u>Measuring Results with a Consolidated Composite Indicators Method</u>.

¹⁰ Key Measures are defined as measures that are significant to the overall operation of the Department.

¹¹ See Missouri State Government Web, Show Me Results at: http://www.mri.state.mo.us/, and attached documents: Show Me Results: Reducing the Impact of Chronic Disease: Serious Mental Illness & Key Measures Report.

¹² See the following web site for more information: http://www.mhsip.org/hospital/index.html.

¹³ See attached draft documents: Family Directed Supports - Family Survey, Draft Outcomes Survey - Adult.

¹⁴ See attached document: <u>Missouri's Family Directed Supports, Pilot Survey Results</u>. Also see 2000 DMH Satisfaction Report, MRDD Chapters on the web at

>The DMH Outcomes Web is being developed¹⁵. A business plan has been written and hardware has been purchased. Software is currently under development. The three service Divisions are supporting the development of the Outcomes Web. While ADA will be the first to make use of this new technology, CPS and MRDD are planning to utilize the Outcomes Web to solve many of the logistical and technical problems associated with collecting data and distributing reports.

➤ Various reporting is required for federal block grants. The developing Performance Measurement system will enhance the Department's ability to meet reporting requirements. However, reporting requirements of federal block grants do not always match across service Divisions. Because DMH is committed to a consistent and coordinated system of Performance Measurement, these competing requirements will need to be resolved in a manner that enhances the overall DMH system. Work will continue in this area as federal requirements are updated.

¹⁵ See attached document: <u>DMH Outcomes Web Development Plan</u>.

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Resources

first.

- >As with all new initiatives, resource allocation is critical to success.
- >Staff time and funding are used first and foremost to build an ongoing system to measure the operations of the Department.
 - Components of this system include data collection, data compilation, data analysis, reporting and technology to support these components.
 - >In addition, provider training and DMH staff training will be necessary adjunctive activities as the system is built.
 - ▶ Particular expenditures included hardware and software for the DMH Outcomes Web,
 ADA provider training, CPS prototype reports, and the DMH Consumer Satisfaction.
 ▶ All purchases are designed to build the DMH system of Performance Measurement
- > Some monies are dedicated to Outcomes and Performance Measurement.
 - > The Office of the Director maintains an annual budget to support performance measurement.
 - > The services Divisions have dollars that have contributed to Outcomes and Performance Measurement.
 - >Both ADA and CPS are participating in federal outcomes grants.
 - > The Outcomes Coordinator and two Research Analysts are dedicated to the Performance Measurement needs of the Department (3.0 FTE).
 - >Many other people work on Performance Measurement in CPS (approximately 1.0 FTE), ADA (approximately .5 FTE), MRDD (approximately .1 FTE), and OIS (approximately 1.5 FTE).
- >As Performance Measurement becomes a routine part of Department operations, many DMH staff will need to become knowledgeable of data collection processes, operational analysis and the use of data to improve quality.
- >It can be anticipated that newly developed aspects of Performance Measurement will initially require more staff time and resources.
 - >As with most new operations, new Performance Measurement operations will take time to convert to routine and efficient processes.
 - >In addition, Department staff will become more efficient in designing, implementing, analyzing and using Performance Measurement data as they develop the necessary skills.

Next Steps

- >While much work has been done to collect both outcomes and satisfaction data, many key operational aspects need continued work, including:
 - > Deployment of the DMH Outcomes Web
 - Refinement of existing Performance Measurement reports to include change over time, and the development of other Performance Measures, including the implementation of Strategic Performance Measures of the Strategic Plan.
- Resources for these efforts must be pooled from throughout the Department and coordinated through the office of the Outcomes Coordinator.
- >As DMH works to achieve a consistent and sustained system of Performance Measurement all areas of the Department must work cooperatively.
 - > The Outcomes Coordinator will make use of various committees and work groups to achieve a successful Performance Measurement system.
 - >The Performance Measurement Group (PMG) 16 has been established to ensure input and shared resources, and to facilitate coordination.
 - The charge of the Performance Measurement Group is to assist the Outcomes Coordinator in the formulation, implementation, monitoring and refinement of Performance Measures that indicate the quality of Department operations and that support system improvement and management.
 - >In addition, the PMG recommends performance standards for specific measures.
 - > The PMG represents all areas of DMH.
 - > The Outcomes Coordinator chairs the PMG.
 - > Many of the activities listed below involve the PMG.
- >Within the next one to two years, the following steps need to be taken to move the system of performance measurement forward:
- ►Operationalize the DMH Outcomes Web¹⁷
- >Technology and the establishment of new performance measures are inseparable.
- >To date, our information system has existed to process claims and to move money.
- >While this function must continue, DMH now has entirely new reasons to process information.
- >We are pressed to manage the outcomes of the DMH system, rather than manage only the budget.
- >We are pressed to know the impact of our services on the lives of Missourians, rather than know only the amount of money spent.

¹⁶ Current membership includes Gary Harbison (chair), Rosie Anderson-Harper, Karen Battjes, John Bright, Janet Conboy, Vicki Epple, Mary Kay Gratz, Patty Henry, Gart Pollard, Steve Reeves, and Allen Templeton. Judy Rizner and Wallace McMullen provide staff support.

¹⁷ See attached document: <u>DMH Outcomes Web Development Plan</u>.

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- > We look forward to a system with increasing accountability and increasing capacity for quality improvement.
- These vastly different information needs require new technologies.
- >While the planned replacement of the Department's Information System will address many of the needed core business function changes, the interface between various levels of the DMH system for the purposes of quality improvement and accountability requires further application of technology.
- >The Internet in business application has created a dramatic change in the economy over the past ten years by creating previously unimagined efficiencies in many businesses.
- ➤ Use of the Internet in health care holds the promise of offering new levels of accountability while supporting clinical services.
- >The DMH Outcomes Web will establish a mechanism to address many of the issues associated with providing a new wealth of performance information.
- >Oversight and development of this project is the responsibility of the Outcomes Coordinator.
- > The Office of Information Systems plays a key role in establishing and operating the technology of the Outcomes Web.
- >Through the Performance Measurement Group, all areas of the Department determine content and operational details.

See the DMH Outcomes Web Development Plan for more information.

Lead the State in the Use of Data to Support Quality Improvement

- > The Department has entered a new era of accountability and quality improvement.
- > This requires the public mental health system to make use of quantified measures of performance.
- >Quality control of services has traditionally been limited to administrative and clinical supervisory processes, chart auditing, and licensing and certification.
- > The state is the leader in building the capacity of the service system to use performance measures.
- >In addition, the state is uniquely positioned to bring consistency to quality processes in clinical services.
- >It is the state's role to impartially ensure the quality of all mental health services for the population of Missouri.
- >As a first effort in this direction, DMH will provide education for both internal operations staff and service providers on the use of data to drive quality improvement.
- > The Performance Measurement Group will develop the curriculum and oversee implementation of educational strategies.

Ensure the Use of Data for Quality Improvement

- The accurate measurement of system performance is dependent upon the usefulness of the information produced through performance data analysis.
- >Simply put, outcomes data (or any performance data) is of no value unless it is actually used.

- >It is, therefore, essential to continued successful operational measurement that DMH work to ensure Performance Measurement information is being used both to simply define the level of accountability of the system and to drive the improvement of the services and supports DMH provides.
- >Essentially, DMH will measure the use of data for quality improvement.
- >In addition, greater use of Performance Measurement data will be integrated into such core DMH processes as certification and provider monitoring.
- > The Performance Measurement Group will assist this process.

Establish Additional Performance Measures and Refine Existing Measures

- >The Department has measured clinical outcomes for some of the populations served.
- >In addition, some other types of performance measures have been established.
- >Some current measures need to be reported in more useful ways.
- >This work needs to be expanded to include performance measures of overall system operations and measures directly related to Core Rules.
- >A core set of measures that, together, form a good picture of overall system quality must be established.
- >In addition, measures that address specific issues of more immediate interest must also be developed for use by Department management in making system improvements and defining system accountability.
- The Performance Measurement Group will facilitate the development of these measures.

>Establish Performance Standards

- >As experience is gained with various performance measures the Department will set standards for expected performance for the system overall and for specific areas of the service system, including the performance of contracted providers and the performance of state-operated facilities.
- >Performance Standards are set to drive system improvements and to clearly define minimum requirements for accountability to the citizens of Missouri.
- >Standards must be selected on the basis of data analysis coupled with knowledge of system operations.
- > These considerations will ensure that selected standards are both achievable and challenging.
- > Work has already begun to add Performance Standards to contracts.
- > The Performance Measurement Group facilitates this process.

Establish Department Guidelines for Informative Reporting

- >An essential part of performance measurement is ensuring the information gleaned from analysis of operational data is presented in an accessible manner.
- >As data is increasingly used to drive quality improvement, the format of reporting becomes critical to the efficient use of analyzed data.
- > Consistency in presentation will assist various audiences in understanding, interpretation and application of the material to make system improvements.

- >Consistency will also support a common language of performance measurement.
- > The Performance Measurement Group will assist in the generation of the guidelines.

>Improve and Reinforce Strategic Performance Measurement and Budgetary Performance Measurement

- The Department's Strategic Plan identifies priority issues.
- >In addressing these issues DMH measures the impact of a variety of strategies on system operations.
- > The Outcomes Coordinator is responsible to assist in the selection of indicators (specific measures and report format) and to coordinate data collection for logical consistency and efficient use of Department resources.
- > The Performance Measurement Group is used to facilitate this process.

➤ Create Provider Report Cards

- >In addition to assuring the use of data by those working in the system, the Department has a responsibility to support the use of data by consumers, family members and other stakeholders.
- > Data must be presented in easily accessed formats.
- \succ The Performance Measurement Group will establish and refine provider report cards that will include summaries of available performance data.

> Audit Performance Measures

- >DMH will need to develop mechanisms to confirm the validity of the reported measures and to improve the integrity of data.
- > This auditing process can be focused or more general in nature, and may involve DMH staff in various roles, including Certification and enhancement teams.
- >A plan to develop the auditing system will be developed.

Terminology and Definitions

- >Performance Measurement is a relatively new endeavor. There is inconsistent use of terminology and an incomplete understanding of concepts. The Missouri Department of Mental Health has previously worked on this area through the DMH Outcomes Work Group¹⁸ and through the System Redesign Initiative.
- > The terms defined here are the Missouri Department of Mental Health's Language of Performance Measurement.
- >Baseline: A measurement of current or past performance to be used to measure changes in performance.
- >Benchmark: A measurement of comparison to current performance. A benchmark may be based on past performance, based on data from another system, or based on norms, averages or rates.
- Dimensions: Areas of measurement that are grouped together for the purpose of categorizing different kinds of standards. DMH has defined Five Dimensions of Performance Measurement:
 - >Access: Measurement of consumer ability to obtain services based on acuity of need, geographical proximity, and professional and cultural capacity.
 - >Quality Appropriateness: Measurement of the degree to which provided services are relevant to the consumer's clinical needs.
 - >Client Outcomes: The measurable result of services in the lives of people we serve. See Key Life Domains and Outcome below.
 - >Structure/Management: Measurement of key business processes that are required to deliver care.
 - Early Intervention/Prevention: Measurement of the degree to which appropriate services are provided for the promotion and preservation of mental health, and early detection of symptoms or diversion from use/abuse of illegal or unhealthy substances.

¹⁸ Missouri Department of Mental Health Outcomes Work Group, October 17, 1997. See attached document: <u>DMH Outcomes</u> <u>Template</u>.

- ➤Indicator: A specific measurement used to monitor the operation of the system. An indictor is operationally defined. Indicators usually are expressed as rates, averages or percentages, and, therefore, have a numerator and a denominator. Also referred to as a Performance Measure.
 - > Targeted Indicator: A single indicator that has some proven relationship to other indicators and is therefore of particular note in examining the performance of the system.
- >Key Life Domains: Areas of functioning that are considered by DMH to be of paramount importance to understanding the impact services have, as well as being of essential importance to the individuals served.
 - > Health Status: a measure of overall health of the individual.
 - >Occupation: a measure of occupational activity of the individual that may include work, volunteerism, educational activity, and other occupational roles.
 - >Housing Status: a measure of the general living arrangement of the individual with an emphasis on the degree of independence, support, and choice.
 - >Safety: a measure of the degree to which the individual reports feeling safe.
 - > Legal Difficulties: a measure of involvement with law enforcement and associated legal consequences.
 - >Social Support Network: a measure of the presence of a natural social support network composed of friends, family, significant others, and other community members.
 - > Management of Daily Life Activities: a measure of the individuals effective management of day to day challenges, including the ability to manage symptoms, to resolve conflicts, and to manage leisure activities.
 - ➤ Quality of Life: a subjective measure of the individual's perception of his or her own life circumstances.

- >Operational Analysis: Analysis of data through expertise in knowledge of system operations. This type of analysis is undertaken to ensure that data is presented in relevant context and in an informative manner. An operational analysis may employ statistical techniques.
- >Outcome: Used generically, Outcome refers to the end product or result of a process.

 Outcome as used in the Strategic Plan means any broad-based public benefit resulting, at least in part, from state government activity.
 - > The Department uses the term Client Outcomes to apply specifically to those outcomes that are the result of clinical services. See Client Outcomes under Dimensions above.
- >Performance Measurement: (verb) The process of measuring system performance. (noun) A specific Indicator or Performance Measure.
- >Performance Measure: See Indicator.
- >Standard: The required level of performance. Standards are stated in measurable terms.
- >Strategic Performance Measurement: A specific measurement used to measure an outcome (see Outcome above) or an objective contained in the Strategic Plan. See also Indicator.
- >Target: A specific level of performance to be achieved at a defined point in time.
 - > Target Range: A specific range of performance to be achieved at a defined point in time.